

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Orgnaizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 199-05 SOA-DHSS "Other Than Primary Care" Facilities		OMB App Page of No. 0348-0039 <div style="display: flex; justify-content: space-around; align-items: center;"> 1 1 </div> pages	
3. Recipient Organization (Name and complete address, including ZIP code) <div style="text-align: center;"> STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES P.O. BOX 110650 JUNEAU, AK 99811 </div>					
4. Employer Identification Number 92-6001185		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 08/25/05		To: (Month, Day, Year) 07/01/07		9. Period Covered by this Report From: (Month, Day, Year) 07/01/05	
To: (Month, Day, Year) 09/30/05					
10. Transactions		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	0.00	0.00	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		0.00	0.00	0.00	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share (Sum of lines c and f)				0.00	
h. Total Federal funds authorized for this funding period				4,150,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				4,150,000.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">b. Rate N/A</div> <div style="width: 20%;">c. Base</div> <div style="width: 20%;">d. Total Amount</div> <div style="width: 40%;">e. Federal Share</div> </div>			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Janet Clarke, Assistant Commissioner			Telephone (Area code, number and extension) (907) 465-1630		
Signature of Authorized Certifying Official 			Date Report Submitted 1/27/06		

